



## Town of Amherst Emergency Funds Intake Form 2013-2014 (Individual only)

<b>First</b>	<b>Middle Initial</b>	<b>Last</b>	<b>Date</b>
<b>Gender</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Home Address</b>		<b>Phone Number</b>
<b>Date of Birth</b>	<b>US Citizen</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>If you currently do not live in Amherst and plan to move here what brings you to town?</b>
<b>Marital Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Other _____		<b>Veteran</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your discharge status: <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> Dishonorable <input type="checkbox"/> Other _____ Service Dates: _____ What branch of military? _____	
<b>Employment Status</b> <input type="checkbox"/> Currently employed <input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Searching for employment <input type="checkbox"/> Unemployed and not searching for employment <input type="checkbox"/> Retired <input type="checkbox"/> Other _____		<b>Disability Status</b> <input type="checkbox"/> Physical Disability Please describe _____ <input type="checkbox"/> Developmental Disability Please describe _____ Are you currently receiving treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If you are currently receiving employment income or other forms of income please provide verifications.</b>			
<b>Income Status</b> Total Monthly Income \$ _____ Do you receive income from any of the following? <input type="checkbox"/> Employment \$ _____ <input type="checkbox"/> SSI \$ _____ <input type="checkbox"/> SSDI \$ _____ <input type="checkbox"/> Child Support \$ _____ <input type="checkbox"/> EAEDC \$ _____ <input type="checkbox"/> Unemployment Compensation \$ _____ <input type="checkbox"/> Pension \$ _____ <input type="checkbox"/> Trust Fund \$ _____ <input type="checkbox"/> Annuity \$ _____ <input type="checkbox"/> Other \$ _____		<b>Non Cash Benefits</b> Do you receive any of the following? <input type="checkbox"/> SNAP Benefits If so, how much do receive a month? \$ _____ <input type="checkbox"/> Mass Health <input type="checkbox"/> Commonwealth Care <input type="checkbox"/> Tuition Assistance <input type="checkbox"/> Fuel Assistance <input type="checkbox"/> Other _____	

<b>Please mark what best describes your financial needs?</b>				
Rental Arrears <input type="checkbox"/>	Move in cost <input type="checkbox"/>	Transportation <input type="checkbox"/>	Medical Needs <input type="checkbox"/>	Family Emergency <input type="checkbox"/>
Utility Shut-off <input type="checkbox"/>	Other: _____			
How much funds will you need to help your situation? .....\$ _____				
Do you have any funds to contribute, if yes how much?.....\$ _____				
Are there other resources that are helping you with funds, if yes how much?..\$ _____				
How much funds are you requesting from the Town of Amherst?.....\$ _____				

<b>What are the circumstances of your emergency and what caused it?</b>

<b>Please explain how our program will help your circumstances.</b>

<b>What additional steps do you plan to take to address the situation?</b>

Please list the other agencies/social service provider helping you to reach your goal?				
Agency/Organization	Date of Intake	Amount of Assistance	Outcome	Follow-up

I \_\_\_\_\_ certify that the information I have given in this application is true and correct. I have signed under the pains and penalties of perjury. I understand that a photocopy of this signature is as valid as the original.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date